

TEXAS DEPARTMENT OF STATE HEALTH SERVICES



DIVISION FOR REGULATORY SERVICES ENVIRONMENTAL AND CONSUMER SAFETY SECTION POLICY, STANDARDS, AND QUALITY ASSURANCE UNIT PUBLIC SANITATION AND RETAIL FOOD SAFETY GROUP

PUBLIC SANITATION AND RETAIL FOOD SAFETY MODEL FORMS

October 17, 2006 (Revised October 15, 2015)

Form: No. 1-A - Conditional Employee and Food Employee Interview

Applicable Texas Food Establishment Rules (TFER) Section: §228.35

Form 1-A Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on illness due to Norovirus, Salmonella Typhi, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), hepatitis A Virus, or Non-Typhoidal Salmonella

This form meets the requirements and intent of the Texas Food Establishment Rules (TFER). The form is intended to facilitate adoption of the TFER and the application of its provisions as they relate to conditional employees' and food employees' health and to food establishment inspections. The use of this form is not mandatory, but serves as a good example to assist those responsible for managing employees in order to prevent foodborne disease.

The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

Food Employee Name: _____

Conditional Employee Name: _____

Address: _____

City: _____

State: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Date: _____

Are you suffering from any of the following symptoms?

			Date of Onset
1	Diarrhea	Yes	No
2	Vomiting	Yes	No
3	Jaundice	Yes	No
4	Sore throat with fever	Yes	No
5	Have an infected cut or wound that is open and draining or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered?	Yes	No

In the Past:

			Date of Onset
	Have you ever been diagnosed as being ill with typhoid fever? (Salmonella Typhi)	Yes	No
a	If within the past 3 months, did you take antibiotics	Yes	No
b	If you took antibiotics, did you finish the prescription	Yes	No

History of Exposure

			Date of Onset
	Have you been suspected of causing or have you been exposed to a confirmed disease outbreak recently?	Yes	No
a	If yes, what was the cause of the illness	_____	

1	Norovirus	exposure within past 48 hours	Date of outbreak: _____
2	<i>E.Coli</i> O157:H7 Infection	exposure within past 3 days	Date of outbreak: _____
3	Hepatitis A Virus	exposure within past 30 days	Date of outbreak: _____
4	Salmonella Typhi (Typhoid Fever)	exposure within last 14 days	Date of outbreak: _____
5	Shigellosis	exposure within last 3 days	Date of outbreak: _____
6	Nontyphoidal Salmonella	exposure within last 12-72 hrs.	Date of outbreak: _____

b If Yes, did you:

Consume food implicated in the outbreak?	Yes	No
Work in a food establishment that was the source of the outbreak?	Yes	No
Consume at an even that was prepared by person who is ill?	Yes	No

Did you attend an event or work in a setting recently where there was a confirmed disease outbreak? Yes No

If so, what was the cause of the confirmed disease outbreak? _____

If the cause was one of the following six pathogens, did exposure to the pathogen meet the following criteria:

1	Norovirus	exposure within past 48 hours	Yes	No
2	<i>E.Coli</i> O157:H7 Infection	exposure within past 3 days	Yes	No
3	Hepatitis A Virus	exposure within past 30 days	Yes	No
4	Salmonella Typhi (Typhoid Fever)	exposure within last 14 days	Yes	No
5	Shigellosis	exposure within last 3 days	Yes	No
6	Nontyphoidal Salmonella	exposure within last 12-72 hrs.	Yes	No

Do you live in the same household as a person diagnosed with Norovirus, Shigellosis, Salmonella Typhi, hepatitis A, or illness due to <i>E.coli</i> O157:H7 or other EHEC/STEC infection, nontyphoidal Salmonella or hepatitis A?	Yes	No	Date of Onset _____
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Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, Salmonella typhi, Shigellosis, EHEC/STEC infection, nontyphoidal Salmonella or hepatitis A?	Yes	No	Date of Onset _____
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Treating Health Practitioner or Doctor:

Name: _____

Address: _____	City: _____	State: _____
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Daytime Phone Number: _____	Evening Phone Number: _____
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Signature of Conditional Employee: _____	Date: _____
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Signature of Food Employee: _____	Date: _____
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Signature of Permit Holder or Representative: _____	Date: _____
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